## Foster Family Home - Corrective Action Report

**Provider ID:** 1-110061 **Home Name:** Necita Chaffin, CNA **Review ID:** 1-110061-13 94-1031 Mahoe Place Reviewer: Jackie Chamberlain Begin Date: Waipahu HI 96797 1/22/2021 **Foster Family Home** [11-800-6] **Required Certificate** 6.(d)(1)Comply with all applicable requirements in this chapter; and Comment: 6(d)(1) CCFFH inspection made for a 2 bed re-certification. Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection **Foster Family Home Client Care and Services** [11-800-43] Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may 43.(c)(3) delegate client care and services as provided in chapter 16-89-100. Comment: 43.(c)(3)No RN delegation present for caregiver # 3 [11-800-54] **Foster Family Home** Records 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department; 54.(c)(5) Medication schedule checklist; Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and 54.(c)(6) social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events; Comment: 54.(c)(2) Service plan for client #1 is missing plan for New service plan for client # 1 and # 2 is not signed by client or POA. Client # 2 service plan includes for daily is not documented on flow sheet or narrative 54.(c)(6) client # 2 has no documentation since 11/2020 Client # 1 no flow sheet documentation since 1/17/21 including required 54.(c)(5)Medication discrepancies: Client # 1

Compliance Manager

missing from clients medication box

Primary Care Giver

Date 2

1/22/2021 1:38:00 PM

Client # 2